

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer

Ms. Robin Hillier

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
08		01		2014

To:

M M	/	D D	/	Y Y Y Y
08		31		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2014</div>		<div>433429.72</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>249196.61</div>	
(c) Total Receipts (from Line 19) .....	<div>53130.24</div>	<div>465400.90</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>302326.85</div>	<div>898830.62</div>
7. Total Disbursements (from Line 31).....	<div>53445.07</div>	<div>649948.84</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>248881.78</div>	<div>248881.78</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	47582.22	417936.57
(ii) Unitemized .....	1721.02	20137.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	49303.24	438073.90
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	49303.24	443073.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	3827.00	21327.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	53130.24	465400.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	53130.24	465400.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	778.41	9582.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	778.41	9582.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51000.00	623500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1666.66	1866.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1666.66	1866.66
29. Other Disbursements .....	0.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	53445.07	649948.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53445.07	649948.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49303.24	443073.90
34. Total Contribution Refunds (from Line 28(d)) .....	1666.66	1866.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47636.58	441207.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	778.41	9582.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	778.41	9582.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 37  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cecil Barcelo**

Mailing Address 411 Alabama Ave

City

State

Zip Code

League City

TX

77573-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Baywind Village

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.00

Date of Receipt

08 / 29 / 2014

**Transaction ID : C2821905**

Amount of Each Receipt this Period

342.00

Full Name (Last, First, Middle Initial)

**B. Brent Barraclough**

Mailing Address 10880 Village Loop

City

State

Zip Code

Redmond

OR

97756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

JDL, Inc.

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2014

**Transaction ID : C2799782**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. H. Ken Beebe Jr.**

Mailing Address 571 Highway 51

City

State

Zip Code

Ridgeland

MS

39157-2597

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Legacy Health Care Service

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

08 / 05 / 2014

**Transaction ID : C2803329**

Amount of Each Receipt this Period

412.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1004.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Lyn C. Bentley**

Mailing Address 2212 Hidden Valley Ln

City State Zip Code  
 Silver Spring MD 20904-5240

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Regulatory Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 29 2014

Transaction ID : C2821909

Amount of Each Receipt this Period

83.32

\* Payroll Deduction: \$41.66 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Heath Boddy**

Mailing Address 2201 N 98th Street

City State Zip Code  
 Lincoln NE 68505

FEC ID number of contributing federal political committee.

C

Name of Employer

Nebraska Health Care Association

Occupation

State Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 12 2014

Transaction ID : C2800394

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Scott Carlson**

Mailing Address 994 Sharon Lane

City State Zip Code  
 Ventura CA 93001

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 01 2014

Transaction ID : C2796742

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

418.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Corless

Mailing Address 3308 Overlook Ridge Rd

City

State

Zip Code

Prospect

KY

40059-8577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Regional Multi-Facility Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 29 / 2014

Transaction ID : C2821911

Amount of Each Receipt this Period

40.00

\* Payroll Deduction: \$20.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. William Daire

Mailing Address 1205 Christopher Street

City

State

Zip Code

New Iberia

LA

70563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Belle Teche Nursing &amp; Rehabilitation C

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2014

Transaction ID : C2803283

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jack Deutsch

Mailing Address 5 Fieldcrest St

City

State

Zip Code

Monsey

NY

10952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cliffside Rehab &amp; RHCC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2014

Transaction ID : C2805117

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

790.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Richard A Dillon**

Mailing Address 15703 NW Fair Acres Drive

City State Zip Code  
 Vancouver WA 98685

FEC ID number of contributing federal political committee.

C

Name of Employer

Avamere Health Services, Inc.

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : C2821904

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Anthony Durante**

Mailing Address 26 North Broadway

City State Zip Code  
 Schenectady NY 12305

FEC ID number of contributing federal political committee.

C

Name of Employer

Capital Living Nursing &amp; Rehabilitation

Occupation

Health Care Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 11 / 2014

Transaction ID : C2800140

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**c. Lora D. Epperly**

Mailing Address 335 Willow Oak Dr.

City State Zip Code  
 Christiansburg VA 24073

FEC ID number of contributing federal political committee.

C

Name of Employer

Commonwealth Care of Roanoke

Occupation

Chief Quality &amp; Cultural Excellence Of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 20 / 2014

Transaction ID : C2811922

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

5875.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joanne E Erickson

Mailing Address 911 S Randolph St

City

Arlington

State

VA

Zip Code

22204-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Editor in Chief, Provider Magazine

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

565.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

Transaction ID : C2821913

Amount of Each Receipt this Period

86.96

\* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Irene Fleshner

Mailing Address 1688 Floyd Street

City

Sarasota

State

FL

Zip Code

34239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Nurse Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

Transaction ID : C2821892

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

C. Karen Goldsmith

Mailing Address PO Box 875

City

Cape Canaveral

State

FL

Zip Code

32920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Goldsmith &amp; Grout PA

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2014

Transaction ID : C2809846

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

486.96

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Lury Goodall**

Mailing Address 2853 Fairway Forest Circle

City State Zip Code  
 Salem VA 24153

FEC ID number of contributing federal political committee.

C

Name of Employer

American Janitorial Service

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2014

Transaction ID : C2811927

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Ronald Goux**Mailing Address 2045 Highway 59  
PO Box 1429

City State Zip Code  
 Mandeville LA 70448-1909

FEC ID number of contributing federal political committee.

C

Name of Employer

Gulf South Medical Enterprises

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2014

Transaction ID : C2801495

Amount of Each Receipt this Period

833.00

Full Name (Last, First, Middle Initial)

**C. William J. Griffith**Mailing Address 1421 T Street, NW  
Apt. #1

City State Zip Code  
 Washington DC 20009

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Manager, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : C2821914

Amount of Each Receipt this Period

41.66

\* Payroll Deduction: \$20.83 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3374.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer S Hahs

Mailing Address 12423 Flint Street

City State Zip Code  
 Overland Park KS 66213

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.24

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 29 2014

Transaction ID : C2821915

Amount of Each Receipt this Period

86.96

\* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Eddy Inzana

Mailing Address 8796 Route 219

City State Zip Code  
 Brockway PA 15824

FEC ID number of contributing federal political committee.

C

Name of Employer

Guardian Elder Care

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 11 2014

Transaction ID : C2803334

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Thomas L. Kelly

Mailing Address 1179 Harbor Town Way

City State Zip Code  
 Venice FL 34292

FEC ID number of contributing federal political committee.

C

Name of Employer

Southwest Florida Retirement Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 05 2014

Transaction ID : C2803300

Amount of Each Receipt this Period

87.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

674.46

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A Kylo

Mailing Address 4621 28th Road South

City	State	Zip Code
Arlington	VA	22206

FEC ID number of contributing federal political committee.

C

Name of Employer  
National Center for Assisted Living

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1413.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : C2821917

Amount of Each Receipt this Period

217.40

\* Payroll Deduction: \$108.70 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Meg LaPorte

Mailing Address 7708 Meadow Lane

City	State	Zip Code
Chevy Chase	MD	20815

FEC ID number of contributing federal political committee.

C

Name of Employer  
AHCA/NCAL

Occupation  
Senior Policy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : C2821918

Amount of Each Receipt this Period

29.16

\* Payroll Deduction: \$14.58 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Theodore Lee

Mailing Address 700 Hanover St

City	State	Zip Code
Manchester	NH	03104

FEC ID number of contributing federal political committee.

C

Name of Employer  
Hanover Hill Health Care Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2014

Transaction ID : C2811923

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

746.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. R. Peter Madel Jr.**

Mailing Address 108 8th St NW

City

Waseca

State

MN

Zip Code

56093-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Shore Inn Nursing Home

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2014

Transaction ID : C2803337

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Bethany R Martino**

Mailing Address 8559 Window Latch Way

City

Columbia

State

MD

Zip Code

21045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2014

Transaction ID : C2821919

Amount of Each Receipt this Period

90.90

\* Payroll Deduction: \$45.45 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Patrick Martone**

Mailing Address 26 North Broadway

City

Schenectady

State

NY

Zip Code

12305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Living Nursing &amp; Rehabilitatio

Occupation

Health Care Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2014

Transaction ID : C2800180

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

990.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christian Mason**

Mailing Address 15467 Union School Road

City State Zip Code  
 Woodburn OR 97071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Senior Housing Management, LLC

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 26 / 2014

**Transaction ID : C2814646**

Amount of Each Receipt this Period

3750.00

Full Name (Last, First, Middle Initial)

**B. Gregory Miller**

Mailing Address 11573 Stablewatch Court

City State Zip Code  
 Cincinnati OH 45249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Management Group

Occupation  
 Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.00

Date of Receipt

08 / 06 / 2014

**Transaction ID : C2799260**

Amount of Each Receipt this Period

333.00

Full Name (Last, First, Middle Initial)

**C. Timothy F Nicholson**

Mailing Address 15 Ocean Harbour Cir

City State Zip Code  
 Ocean Ridge FL 33435-6207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lyric Health Care

Occupation  
 President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.00

Date of Receipt

08 / 18 / 2014

**Transaction ID : C2806282**

Amount of Each Receipt this Period

1667.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Julie C Painter**

Mailing Address 5023 Waple Ln

City

Alexandria

State

VA

Zip Code

22304-7727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Vice President of Constituency Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2014

Transaction ID : C2821920

Amount of Each Receipt this Period

43.48

\* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Christopher Parks**

Mailing Address 1730 Truro Rd

City

Crofton

State

MD

Zip Code

21114-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director of IT and Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2014

Transaction ID : C2821921

Amount of Each Receipt this Period

41.66

\* Payroll Deduction: \$20.83 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Jennifer T. Peters**

Mailing Address 10311 Evangeline Oaks Cir

City

Shreveport

State

LA

Zip Code

71106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Garden Park Nursing &amp; Rehab Center LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2014

Transaction ID : C2803278

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.14



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Deborah Petrine**

Mailing Address 992 Vista Pkwy

City State Zip Code  
 Hardy VA 24101-3326

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Commonwealth Care of Roanoke

Occupation  
 CEO/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

Transaction ID : C2811924

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. John Ponthie**

Mailing Address 2723 Alvamar Drive

City State Zip Code  
 Shreveport LA 71106

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Summit Health Resources, LLC

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

Transaction ID : C2812322

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Katherine Preede**

Mailing Address 1200 S Courthouse Road  
 Apt 428

City State Zip Code  
 Arlington VA 22204

FEC ID number of contributing federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

Director, Membership &amp; Business Develo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : C2821922

Amount of Each Receipt this Period

41.66

\* Payroll Deduction: \$20.83 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7541.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Rau**

Mailing Address 3876 S. Oakbrook Dr.

City

Greenfield

State

WI

Zip Code

53228-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clement Manor Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 12 / 2014

**Transaction ID : C2800391**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Jon Reardon**

Mailing Address 1202 Weiss Street

City

Saginaw

State

MI

Zip Code

48602-5471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hoyt Nursing & Rehab Centre

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

08 / 11 / 2014

**Transaction ID : C2803339**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Philip Scalco**

Mailing Address 100 N County Line Road

City

Jackson

State

NJ

Zip Code

08527-1264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bartley Healthcare

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

08 / 14 / 2014

**Transaction ID : C2804055**

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Michael Scharfenberger**

Mailing Address 7265 Kenwood Road  
 # 300

City State Zip Code  
 Cincinnati OH 45236-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nursing Care Management

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

Transaction ID : C2811917

Amount of Each Receipt this Period

137.50

Full Name (Last, First, Middle Initial)

**B. Brady Sheffer**

Mailing Address 110 Charleston Place

City State Zip Code  
 Daleville VA 24083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Commonwealth Care of Roanoke

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

Transaction ID : C2811925

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Jennifer S Shimer**

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
 Fairfax VA 22031-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : C2821925

Amount of Each Receipt this Period

90.90

\* Payroll Deduction: \$45.45 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

3228.40

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Robert Siebel**

Mailing Address 13185 W. Green Mountain Drive

City State Zip Code  
 Lakewood CO 80228

FEC ID number of contributing federal political committee.

C

Name of Employer

Carriage Healthcare Companies, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

Transaction ID : C2812336

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Pat Stallard**

Mailing Address 4008 Port Royal Dr

City State Zip Code  
 Richmond KY 40475-8225

FEC ID number of contributing federal political committee.

C

Name of Employer

Commonwealth Care

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

Transaction ID : C2811926

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Jan Thayer**

Mailing Address 2307 Stagecoach Rd.

City State Zip Code  
 Grand Island NE 68801

FEC ID number of contributing federal political committee.

C

Name of Employer

Riverside Lodge Retirement Community

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

Transaction ID : C2811919

Amount of Each Receipt this Period

3750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Westbury Sr.**

Mailing Address 922 McDonough Road

City State Zip Code  
Jackson GA 30233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westbury Medical Care Home Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2014

**Transaction ID : C2812337**

Amount of Each Receipt this Period

412.50

Full Name (Last, First, Middle Initial)

**B. Darrell Winningham**

Mailing Address 1108 Scramblers Knob

City State Zip Code  
Franklin TN 37069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tennessee Health Care Association

Occupation  
Director of Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2014

**Transaction ID : C2799828**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael Wylie**

Mailing Address 205 Fairview Road

City State Zip Code  
Clarks Green PA 18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis Healthcare

Occupation  
VP Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2014

**Transaction ID : C2803292**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1412.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jimmy D. Zimmerman

Mailing Address 189 Ted Price Lane

City

Winnfield

State

LA

Zip Code

71483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Autumn Leaves Nursing Home of Winnfiel

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2014

Transaction ID : C2803284

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Creative Care Resources, LLC

Mailing Address 1080 Windridge Pkwy

City

Hardy

State

VA

Zip Code

24101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2014

Transaction ID : C2811928

Amount of Each Receipt this Period

2500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

C. David Tucker

Mailing Address 1743 Blair Road

City

Roanoke

State

VA

Zip Code

24015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Creative Care Resources, LLC

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2014

Transaction ID : C2811929

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

\*

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Millenium Health Systems LLC dba Nuvision Management**

Mailing Address 5310 NW 33rd Ave  
Ste 211

City State Zip Code  
Fort Lauderdale FL 33309-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1278.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2014

Transaction ID : C2811930

Amount of Each Receipt this Period

1278.16

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

**B. Andrew S Weisman**

Mailing Address 5310 NW 35th Ave  
Ste 211

City State Zip Code  
Fort Lauderdale FL 33309-6314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NuVision Management

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2014

Transaction ID : C2813026

Amount of Each Receipt this Period

639.08

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Barton D. Weisman**

Mailing Address 5310 NW 33rd Ave  
Ste 211

City State Zip Code  
Ft Lauderdale FL 33309-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Millennium Health Systems

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2014

Transaction ID : C2813027

Amount of Each Receipt this Period

639.08

[MEMO ITEM]

\*

SUBTOTAL of Receipts This Page (optional)..... ►

1278.16

TOTAL This Period (last page this line number only)..... ►

47582.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 37

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City

Richmond

State

VA

Zip Code

23226

FEC ID number of contributing  
federal political committee.

C

C00355461

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3827.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2014

Transaction ID : C2811918

Amount of Each Receipt this Period

3827.00

Partial Refund of 12/2/2013 Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3827.00

3827.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 37

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 04 2014

Transaction ID : D161079

Amount of Each Disbursement this Period

122.62

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 11 2014

Transaction ID : D161080

Amount of Each Disbursement this Period

10.66

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 12 2014

Transaction ID : D161081

Amount of Each Disbursement this Period

8.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

141.28

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

26.66

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

80.00

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

185.75

Age Group	Percentage
18-24	~10%
25-34	292.41%
35-44	~10%
45-54	~10%
55-64	~10%
65-74	~10%
75-84	~10%
85+	~10%

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 37

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. BB&T**Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 21 2014

Transaction ID : D161076

Amount of Each Disbursement this Period

24.49

Full Name (Last, First, Middle Initial)

**B. BB&T**Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 21 2014

Transaction ID : D161077

Amount of Each Disbursement this Period

320.23

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

344.72

TOTAL This Period (last page this line number only)..... ►

778.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. AMERICA'S LEADERSHIP PAC**

Mailing Address 607 14th Street NW Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : D160252**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Appel for Iowa, Inc.**

Mailing Address PO Box 702

City	State	Zip Code
Des Moines	IA	50303

Purpose of Disbursement  
Contribution

Candidate Name

**Staci Appel**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IA District: 03

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

**Transaction ID : D160640**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF RENTERIA**

Mailing Address P.O. BOX 655

City	State	Zip Code
Sanger	CA	93657

Purpose of Disbursement  
Contribution

Candidate Name

**Amanda Renteria**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 21

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : D160467**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FAMILIES FOR JAMES LANKFORD**

Mailing Address PO BOX 1639

City	State	Zip Code
BETHANY	OK	73008

Purpose of Disbursement  
Contribution

Candidate Name

**James Paul Lankford**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OK District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : D160257**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. PEAK PAC**

Mailing Address PO BOX 48004

City	State	Zip Code
DENVER	CO	80204

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : D160241**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Peters for Michigan**

Mailing Address PO Box 226

City	State	Zip Code
Bloomfield Hills	MI	48303

Purpose of Disbursement  
Contribution

Candidate Name

**Gary Peters**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : D160466**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. NUNNELEE FOR CONGRESS**

Mailing Address 438 EAST MAIN ST

City TUPELO	State MS	Zip Code 38802
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Alan Nunnelee**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

**Transaction ID : D160636**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MATSUI FOR CONGRESS**Mailing Address PO BOX 1738  
2nd Floor

City SACRAMENTO	State CA	Zip Code 95812
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Doris Matsui**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

**Transaction ID : D160638**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. Box 44369

City Eden Prairie	State MN	Zip Code 55344
----------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Erik Paulsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : D160461**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement  
Voided Check-Orig Issued 4/28/2014

Candidate Name

**Rep. Erik Paulsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2014

**Transaction ID : D160543**

Amount of Each Disbursement this Period

-2500.00
----------

Full Name (Last, First, Middle Initial)

**B. JEFF DUNCAN FOR CONGRESS**

Mailing Address PO BOX 845

City	State	Zip Code
LAURENS	SC	29360

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jeff Duncan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : D160250**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LANGEVIN FOR CONGRESS**

Mailing Address 181A Knight Street

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James R. Langevin**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : D160263**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LANGEVIN FOR CONGRESS**

Mailing Address 181A Knight Street

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James R. Langevin**

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : D160264**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. LANGEVIN FOR CONGRESS**

Mailing Address 181A Knight Street

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James R. Langevin**

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : D160265**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. RE-ELECT MCGOVERN COMMITTEE**

Mailing Address PO Box 60405

City	State	Zip Code
Worcester	MA	01606

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jim McGovern**

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

**Transaction ID : D160637**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

### A. TIM WALZ FOR US CONGRESS

Rep. TIMOTHY J. WALZ

Category/  
Type

Office Sought:	<input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN	District: 01		

1000.00

## B. TIM WALZ FOR US CONGRESS

Rep. TIMOTHY J. WALZ

Category/  
Type

Office Sought:		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: MN		District: 01		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	

### C. COLE FOR CONGRESS

08 / 15 / 2014

Rep. Tom Cole

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OK District: 04

3500.00

A diagram of a rectangular box with a grid of 10 columns and 4 rows of small squares inside. The top edge of the box is labeled with the number 10.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CHRIS COONS FOR DELAWARE**

Mailing Address PO BOX 9900

City NEWARK	State DE	Zip Code 19714
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Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Chris Coons**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : D160465**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JEANNE SHAHEEN**

Mailing Address 105 N STATE STREET

City CONCORD	State NH	Zip Code 03301
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Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Jeanne Shaheen**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : D160468**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**C. JEFF MERKLEY FOR OREGON**

Mailing Address 2236 SE 10TH AVE

City PORTLAND	State OR	Zip Code 97214
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Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Jeff Merkley**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : D160464**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

51000.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Health Care Association Political Action Committee

**A. Healthmark Services, Inc.**

Mailing Address 217 Lakewood Road

City	State	Zip Code
Van Buren	AR	72956

Purpose of Disbursement	
Refund of 7/23/2014 Contribution	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D160471

Amount of Each Disbursement this Period



1666.66

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with some of them being larger and more prominent than others.

**SUBTOTAL** of Disbursements This Page (optional).....

1666.66

**TOTAL** This Period (last page this line number only).....

1666.66